

RECEIVED

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OGCC FORM 4

OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES  
OF THE STATE OF COLORADO

REV. 7-64

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

5. LEASE DESIGNATION AND SURVEY NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

|  |  |   |  |
|--|--|---|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> <b>Dry Hole</b>   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |  |
| 2. NAME OF OPERATOR<br><b>DELANEY PETROLEUM CO.</b>  |  | 7. UNIT AGREEMENT NAME  |  |
| 3. ADDRESS OF OPERATOR<br><b>695 East 27th St., Long Beach, CA 90806</b>   |  | 8. FARM OR LEASE NAME<br><b>Getty-AMOCO</b>                                 |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface <b>740' E of WL &amp; 850' N of SL or Lot 7, Sec. 3, TIN,</b><br>At proposed prod. zone <b>R102W, 6th</b><br><b>Mancos - Same</b> |  | 9. WELL NO.<br><b>14-A</b>  |  |
| 14. PERMIT NO.<br><b>68-226</b>  |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>5175 Gr</b>            |  |
| 10. FIELD AND POOL, OR WILDCAT<br><b>Rangely - Mancos</b>  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>3, 1N, 102W, 6th</b> |  |
| 12. COUNTY<br><b>Rio Blanco</b>  |  | 13. STATE<br><b>Colo.</b>   |  |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:                          |  |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/>         | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input checked="" type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON <input checked="" type="checkbox"/>           | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input type="checkbox"/>     |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>                 | (Other) <input type="checkbox"/>               | (Other) <input type="checkbox"/>         |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Date of work As soon as weather permits - probably in April or May 1973

TD of hole is 3205' - Hole will be filled with shale to within ten feet of top, filled with cement and marker set. No surface or conductor pipe will be pulled.

|     |                                     |
|-----|-------------------------------------|
| DVR | <input checked="" type="checkbox"/> |
| FIP | <input checked="" type="checkbox"/> |
| NHM | <input checked="" type="checkbox"/> |
| JAM | <input checked="" type="checkbox"/> |
| UD  | <input checked="" type="checkbox"/> |

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Agent DATE 11-15-72

(This space for Federal or State office use)  
APPROVED BY [Signature] TITLE DIRECTOR DATE NOV 22 1972  
CONDITIONS OF APPROVAL, IF ANY:

